

04/26/89 Shipper 20716

State of California—Health and Welfare Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-91)

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

See Instructions on Back of Page 6  
and Front of Page 7Department of Health Services  
Toxic Substances Control Division  
Sacramento, California**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.2. Page 1  
ofInformation in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

Para Plate

15919 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 213 404-3434

5. Transporter 1 Company Name

Omega Recovery Services

6. US EPA ID Number  
CAD 042 245 001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Omega Recovery Services

12504 E. Whittier Blvd.

Whittier, CA 90602

10. US EPA ID Number

CAD 042 245 001

A. State Manifest Document Number

88677330

B. State Generator's ID

C. State Transporter's ID

904878

D. Transporter's Phone 213/698-0991

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAD 042 245 001

H. Facility's Phone  
213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total  
Quantity14. Unit  
Wt/VolI.  
Waste No.a. Waste ORM-A NOS NA 1693 ORM-A  
(Flexosolvent)

No. Type

002 DM

000060

G

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

c.

b.

d.

15. Special Handling Instructions and Additional Information

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

Frank E. Hernandez

Frank E. Hernandez

04/27/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

JAVIER HERNANDEZ

Javier Hernandez

04/27/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

FRANK FORD

Frank Ford

04/27/89

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

HS 8022 A (1/88)  
PA 6700-22  
Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

While: TSD/ SENDS THIS COPY TO: DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

03/28/2000 "ORIGINAL MANIFEST COPY"